

CASEY HEALTH CENTER
Alexandria Health Department
1200 N. Howard Street
Alexandria, VA 22304
Main Telephone: 703-823-7333
Eligibility: 703-823-7333, Ext. 248

PLEASE READ THIS INFORMATION
BEFORE YOU COME IN FOR ELIGIBILITY DETERMINATION

PLACE OF RESIDENCE

You must provide verification of current place of residence or shelter. You must live in the City of Alexandria and may need to prove that you have lived in the City of Alexandria for at least three months (see "Exemptions" below). Examples of proof are rental agreement, or utility bill that reflects three months.

PROOF OF INCOME

Proof of income must be provided at initial visit and annually thereafter, or at any time that your family size or income changes or that you have new Medicaid or Medicare coverage or are cancelled from Medicaid or Medicare.

AUTOMATIC ELIGIBILITY

You must provide verification that you are receiving or have applied for the following assistance:

- ADC or Aid to Dependent Children (provide documentation of amount)
- General Relief (provide documentation of amount)
- Virginia Medicaid (present card; if Medallion, the Primary Care Provider (PCP) must be Casey Health Center)

ELIGIBILITY BASED ON INCOME (SLIDING FEE SCALE)

You must provide the following to determine the amount you will be responsible to pay if you meet income guidelines:

- Proof of your family's TOTAL GROSS INCOME (present check stubs from your last three months of pay or a check stub that shows earnings year-to-date or a letter from your employer on company letterhead; include routine overtime and tips). OR
- If you are paid in cash, bring a signed statement on letterhead from your employer stating your average monthly wages, including overtime pay. OR
- A copy of your most recent income tax return or W-2 (only if you have the same job and accepted only in January, February, and March). OR
- A statement from Social Security Administration showing the amount of your benefit or a copy of your monthly check. AND
- Other income sources: retirement checks, alimony, child support, aid to dependent children, general relief, rental income.

ELIGIBILITY FOR UNEMPLOYED APPLICANTS RECEIVING NO OTHER ASSISTANCE

You must provide one of the following for determination:

- Provide a statement from Virginia Employment Commission that you are not working, are seeking employment, or if you are eligible or ineligible for unemployment benefits.
- A statement from the person that is supplying you with food or shelter.
- If you are a legal dependent, that person must bring financial verification of their total family income.

EXEMPTIONS

- 3 month residency not required for new patients being followed after hospitalization at Alexandria Hospital; for women who are pregnant and seeking prenatal care; for children under age 14 who are sick and seeking treatment; and for anyone attending special immunization clinics.

PROVIDING FALSE INFORMATION, WITHHOLDING INFORMATION, OR FAILURE TO REPORT CHANGES PROMPTLY IS BREAKING THE LAW AND CLIENTS CAN BE PROSECUTED AND/OR HAVE SERVICES DISCONTINUED.

NOTE: YOU MUST SHOW A PHOTO IDENTIFICATION FOR ALL PROCEDURES PERFORMED AT ALEXANDRIA HOSPITAL.